

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



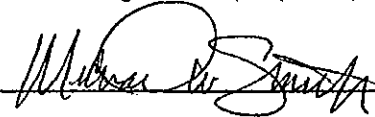
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>11471</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Michael W Smith P.O. Box, Bldg., Room No., if any 1422 Street East Broadway St. City Bradley State Illinois ZIP Code + 4 60915	4. Name, file number, and address of labor organization. Name Laborers' Local 751 Labor Organization File Number 044-635 P.O. Box, Building and Room Number, if any 1390 Street Stanford Drive City Kankakee State Illinois ZIP Code + 4 60901
5. Position in labor organization. Business Manager/Sec. Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N.A. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N.A. 7.b. Amount. \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>8/14/2005</u> Date	<u>815.932.1726</u> Telephone Number

Name of Person Filing Michael Smith	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name N.C.I.L.H.W.F.</p> <p>Trade Name, if any: Health and Welfare Fund</p> <p>P.O. Box, Bldg., Room No., if any 4208 Unit 3</p> <p>Street W. Partridge Way</p> <p>City Peoria</p> <p>State Illinois ZIP Code + 4 61615</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name N.C.I.L.H.W.F.</p> <p>Trade Name, if any: Health and Welfare Fund</p> <p>P.O. Box, Bldg., Room No., if any 4208 Unit 3</p> <p>Street W. Partridge Way</p> <p>City Peoria</p> <p>State Illinois ZIP Code + 4 61615</p>	<p>11.a. Nature of such dealing.</p> <p>I am a Labor Trustee on the Trust Fund.</p> <p>11.b. Approximate dollar value of such dealing. \$1,900</p> <p>12.a. Nature of interest held or income received.</p> <p>Attended IFEBP Annual Conference as a Labor Trustee for the fund. Was reimbursed for Hotel, Airline Ticket, and Meals. Conference Registration was paid directly by the Trust to the IFEBP.</p> <p>12.b. Amount. \$1,900</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N.A.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>N.A.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$0</p>

August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, DC 20210

Re: Form LM- Filing for Michael W. Smith L.I.U.N.A. Local 751
Labor Organization File No 044-635

Dear Sir or Madam:

Enclosed are my Labor Organization Officer and Employee Report LM-30 for the 2004 period. In filing the report, I have reviewed all the available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provision and in doing so; I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004

Sincerely,

A handwritten signature in black ink, appearing to read "Michael W. Smith", written in a cursive style.